

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County CareyVillage or City Sykesville

Length of residence in city or town where death occurred

yes 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.Registration Dist. No. 74

2. FULL NAME

Rosa Asher(a) Residence: No. 2701(Usual place of abode) Rosetta Adams

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar. 17. 1868

7. AGE

Years 68Months 3Days 24If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.110. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) BaltimoreMaryland13. NAME UnknownUnknown14. BIRTHPLACE (city or town)
(State or country) BaltimoreMaryland15. MAIDEN NAME UnknownUnknown16. BIRTHPLACE (city or town)
(State or country) UnknownUnknown17. INFORMANT Hospital Records(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place BaltimoreDate July 13, 193619. UNDERTAKER William Cook(Address) Baltimore Md.20. FILED July 11, 1936

C. Harry Steer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)18 1936
(Dey)
(Year)22. I HEREBY CERTIFY That I attended deceased from
May 5, 1936 to July 10, 1936I last saw her alive on July 10, 1936 death is said
to have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Endocarditis
Arteria insufficiencyDate of onset
Unknown

Other Contributory Causes of Importance:

Insulting tons ChoreaUnknown

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Steer

M. D.

(Address) Sykesville Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc. as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows: Date of onset

Example II

The principal cause of death and related causes of importance were as follows: Date of onset

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1922

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

BUREAU V. S.

10 comments 3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Other contributory causes of importance: *Gallstones* *May 1, 1922*

Other contributory causes of importance:
Gastroenteritis 1 year

11-29-1920

last 6 months 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7177

Maryland Tuberculosis Sanatorium

Colored Branch 22

Registration Dist. No. 74

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

No. (above)

St. Ward

Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Elizabeth Ball

If U. S. Veteran, specify WAR—None

(a) Residence: No. LaPlata, Charles Co., Md. St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept., 13, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	15	9	22	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Domestic
9. Industry or business in which work was done, as STEL MILL, SAW MILL, BANK, etc.	Unknown
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	Unknown

12. BIRTHPLACE (city or town)
(State or country) LaPlata
Maryland

13. NAME Thomas W. Ball

14. BIRTHPLACE (city or town)
(State or country) LaPlata
Maryland

15. MAIDEN NAME Florence Taylor

16. BIRTHPLACE (city or town)
(State or country) LaPlata
Maryland17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland18. BURIAL CREMATION, OR REMOVAL
Place: Henryton Church Date: July 7, 193619. UNDERTAKER Thomas Frazer
(Address) 289 Beale Ave20. FILED 7/5/36, 19 *John O'Neill*
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 5, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, 19, to July 5, 1936, 19.

I last saw her alive on July 5, 1936, 19; death is said to have occurred on the date stated above, at 9:45 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Jan.
1935

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) *John Edward* M. D.
(Address) Henryton, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

AUG 6 1936

RECEIVED
BUREAU OF THE U. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

5178

1. PLACE OF DEATH

County

Carroll

94a

Registration Dist. No.

77

Village or City

Hampstead Md.

St.

Ward

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5e. If married, widowed, or divorced

HUSBAND OF

(or) WIFE OF

Florence V Baublitz

6. DATE OF BIRTH (month, day, end year)

Sept 4-1886

7. AGE

Years
79Months
9Days
29If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Harrer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

over farm

10. Date deceased last worked at
this occupation (month and
year)

7/3/36

1f. Total time (years)
spent in this
occupation 40

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME William Baublitz

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME Jane Harris

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Mrs Rufus Baublitz

Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Grave Run Rd

Date July 5, 1936

19. UNDERTAKER

(Address)

Edwin Tibton

Hampstead Md

20. FILED

(Date)

July 4, 1936

Signed

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Mildred S. Hughes
deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7
(Month)3
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 3rd, 1936, to July 3rd, 1936

I last saw him alive on July 3rd, 1936; death is said
to have occurred on the date stated above, at 8:30 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

angina Pectoris

Date of onset
7/3/36

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D W. Haskins
(Address) Hampstead Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<i>DECEASED</i>	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 3 1936	1921

Other contributory causes of importance:	<i>BUREAU V. S.</i>	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7179

1. PLACE OF DEATH

County Carroll outside
Village or City Westminster

92-2

Registration Dist. No. 76

St. Ward

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Edith May Beard(a) Residence: No. 90 Liberty
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 21 1889

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	41	10	15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Ind13. NAME Edward Beard14. BIRTHPLACE (city or town)
(State or country) Ind.15. MAIDEN NAME Edna L. Gaynor16. BIRTHPLACE (city or town)
(State or country) Ind.17. INFORMANT Mrs. Mattie ~~Beard~~ Beard
(Address) 90 Liberty St. Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pipe Creek Cem. Date July 11, 193619. UNDERTAKER H. Bankard & Son(Address) Westminster, Md.20. FILED 7/9 1936

Registrar.

21. DATE OF DEATH

July 9th, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

1930 to July 9th, 1936; death is saidI last saw her alive on July 8th, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Valvular Heart Disease & Myocarditis to 1920

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis 6/20/36
Acute Carditis & Valvulitis 7/1/36

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) or in also the following:

Accident, suicide, or homicide Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (sign) Specified M. D.
(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

RECEIVED

AUG 5 1927

V. S.

RECEIVED

MAY 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7180

1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

74

Village or City

Sugarcreek, Mo.

No. Springfield, State, Name, St.,

Ward

Length of residence in city or town where death occurred

yrs.

1

mos.

19

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Stanley W. Blades

(a) Residence: No.

3905 Park Heights Ave.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 8, 1899

7. AGE

38

Years

38

Months

11

Days

22

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Carnival business

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

MOTHER FATHER

13. NAME

John Blades

14. BIRTHPLACE (city or town)

(State or country)

Baltimore

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)

(State or country)

Baltimore

17. INFORMANT

(Address)

Mother
3905 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Cemetery Date Aug 4, 1936

19. UNDERTAKER

(Address)

Stan Cook
Baltimore, Md.

20. FILED

Date

July 31, 1936 At Harry Steele

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 30, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 11, 1936, to July 30, 1936

I last saw him alive on July 30, 1936; death is said
to have occurred on the date stated above, at 5:05 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:General Paralysis of
the Disease

Date of onset

1935?

Therapeutic malacia

7/12/36

Other Contributory Causes of importance:

non traumatic rupture
of spleen with intra-
abdominal hemorrhage

7/26/36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Iderachel Reed, Act. Coroner
(Signed) (Address) Sugarcreek, Mo.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7181

1. PLACE OF DEATH

County Carroll
Village or City Westminster

468

Registration Dist. No.

76

St.

Ward

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? years. mos. ds.

2. FULL NAME Florence E. Bowers

(a) Residence: No.

John

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

James E. Bowers6. DATE OF BIRTH (month, day, and year) Feb. 1, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	63	5	3	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Upton Mitten14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Margaret Shettle16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Mrs. W. G. Waters
(Address) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Kriders Cem. Date July 6, 193619. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.20. FILED 7/5/36 7/5/36 7/5/36
(Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 4, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

1936, 19, to July 4, 1936; death is said to have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of lung
Mycobacillus (carb.)
Primary carcinoma of the liver. Gangrene
Duration 2-5 months

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None (Signed) W. C. Jernette M. D.

(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	AUG 5 1930
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

Colored Branch 23

7182

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

Registration Dist. No. 74

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 2 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Angie Brown

(a) Residence: No. 1602 Gilmor St., Balto., Md. Ward.

If U. S. Veteran specify WAR --None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

Colored

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles Brown

6. DATE OF BIRTH (month, day, and year)

Mar., 30, 1915

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.
or min.

21

3

13

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

At Home

10. Date deceased last worked at
this occupation (month and
year)

Unknown

11. Total time (years)
spent in this
occupation

Unknown

12. BIRTHPLACE (city or town)

(State or country)

Statesville

North Carolina

MOTHER

FATHER

John Turner

14. BIRTHPLACE (city or town)

(State or country)

Statesville

North Carolina

15. MAIDEN NAME

Gertrude Morgan

16. BIRTHPLACE (city or town)

(State or country)

Statesville

North Carolina

17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date July 26, 1936

19. UNDERTAKER

(Address)

S. J. Chase & Son

20. FILED 7/19/36, 19

Sun. Evening
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 19, 1936

(Month)

(Day)

193

22. I HEREBY CERTIFY, That I attended deceased from
May 13, 1936, 1936, to July 19, 1936.I last saw her alive on July 19, 1936; death is said
to have occurred on the date stated above, at 5.40 A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Date of onset

Oct.

1935

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John E. O'Neill, M. D.
Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	Aug 6 1926	1921
Cerebral hemorrhage	RECEIVED V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Length of residence in city or town where death occurred

yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.Registration Dist. No. 74

7183

2. FULL NAME

Lucy M. Carmine

If U. S. Veteran, specify WAR

(a) Residence: No. 2021Baltimore County Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.M.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of(Unknown) Carmine

6. DATE OF BIRTH (month, day, and year)

May 11, 1891

7. AGE

Years 45 Months 1 Days 29 If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular

kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Unknown

13. NAME

Bernard Kingsley

14. BIRTHPLACE (city or town)

(State or country)

Unknown

15. MAIDEN NAME

Lucy Mose

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

Hospital Records

(Address)

Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Md.Place Date July 13, 1936

19. UNDERTAKER

Albert W. Pergay(Address) 440 E. North Ave.

20. FILED

July 10, 1936Stanley Steer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July9th1936

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1936, to July 9th, 1936.

I last saw him alive on July 8th, 1936, death is said

to have occurred on the date stated above, at 11 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Tuberculosis of the lungs Date of onset 1933

Other Contributory Causes of importance:

Pyloneuritis with Somnolence Date of 1936
Disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 1936

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Steer M. D.(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook, hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7184

1. PLACE OF DEATH

County

Leggall

932

Registration Dist. No. 77

Village or City

Greenmount

St. Ward

Length of residence in city or town where death occurred

9

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Jane Barson

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

Husband of
(or) WIFE of

Eligs Barson

6. DATE OF BIRTH (month, day, end year)

May 30, 1851

7. AGE

Years

80

Months

1

Days

23

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1927

11. Total time (years) spent in this occupation

House wife

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

Jacob Schaffer

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Winkworth

16. BIRTHPLACE (city or town)

(State or country)

Winkworth

17. INFORMANT

(Address)

Mrs. George Miller

18. BURIAL, CREMATION, OR REMOVAL

Place

Greenmount Md

Date July 20, 1936

19. UNDERTAKER

(Address)

Jacob Winkworth

Manchester

Md

20. FILED

Date

July 24, 1936

John S. Hughes, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23

(Month) (Day), (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jane 18 to 23, 1936; death is said

I last saw her alive on July 19, 1936; death is said

to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Arteriosclerosis

Date of onset

?

Other Contributory Causes of Importance:

Chronic myocarditis

?

1

Name of operation

Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William P. S. Denney M. D.

(Address) Manchester Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
AUT 9 1930
S.

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7185

1. PLACE OF DEATH

County Ogall

(13)

Registration Dist. No. 74Village or City Sykesville

St., Ward

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Sykesville

If U. S. Veteran, specify WAR

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH

July 28, 1936

(Month)

(Day)

(Year)

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE ofBertha J. Carter

6. DATE OF BIRTH (month, day, end year)

Jan. 21 1876

7. AGE

Years 60Months 6Days 7If LESS than
1 day, _____ hrs.
or _____ min.

22. I HEREBY CERTIFY, That I attended deceased from

May 30, 1936, to 7-25, 1936I last saw him alive on July 25, 1936; death is said
to have occurred on the date stated above, at 7:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Chorea7-15-36

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Mail Carrier9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 193511. Total time (years)
spent in this
occupation 1012. BIRTHPLACE (city or town)
(State or country)Md.13. NAME James P. Carter14. BIRTHPLACE (city or town)
(State or country)Md.15. MAIDEN NAME Mary M. E. Boone16. BIRTHPLACE (city or town)
(State or country)Md.17. INFORMANT Mrs. Bertha Carter

(Address)

Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Date

July 30, 193619. UNDERTAKER W. C. Moore Son

(Address)

Sykesville Md.20. FILED July 28, 1936

(Address)

At Harry Lee

Registrar

M. O.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James P. Carter

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset
Chronic interstitial nephritis	AUG 8 1920	1915
Cerebral hemorrhage	U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

Colored Branch (23)

Registration Dist. No.

74

7186

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 4 mos. 4 ds. How long in U.S. If of foreign birth? XXXXX mos. ds.

2. FULL NAME Addie Lee Chambers,

(a) Residence: No. 1622 E. Madison St., Baltimore, Md.

If U. S. Veteran, specify WAR

None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WOOED, OR DIVORCED (write the word) Married
---------------	--------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Stelgmon Chambers

6. DATE OF BIRTH (month, day, and year) March 29, 1914

7. AGE Years 22	Months 3	Days 9	If LESS than 1 day or XXXXX hrs. min.
-----------------	----------	--------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) Unknown	11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Ahoskin,
(State or country) North Carolina13. NAME Alfred Jenkins,
Ahoskin,
North Carolina14. BIRTHPLACE (city or town) Ahoskin,
(State or country) North Carolina

15. MATURE NAME Katie Robbins

16. BIRTHPLACE (city or town) Ahoskin,
(State or country) North Carolina17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland.18. BURIAL, CREMATION, OR REMOVAL
Place *Henryton, Md.* Date *July 11, 1936*19. UNDERTAKER *John E. O'Neill*
(Address) *Henryton, Md.*20. FILED *7/8/36* Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 8, 1936

(Month)

(Day)

193
(Year)22. I HEREBY CERTIFY That I attended deceased from
March 4, 1936, ¹⁹ to July 8, 1936, ¹⁹
I last saw her alive on July 8, 1936, ¹⁹; death is said
to have occurred on the date stated above, at 5.40 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Data of onset
Dec
1933

Other Contributory Causes of Importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____ NO23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify *John E. O'Neill*
(Signed) *John E. O'Neill*, M. D.
(Address) *Henryton, Md.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Other contributory causes of importance:	
Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Length of residence in city or town where death occurred

yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

137-P

Registration Dist. No.

74

No. Springfield State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Gladys Crowder(a) Residence: No. Eckhart, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. _____

Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, end year)

March 10-1902

7. AGE

Years
34Months
4Days
26If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Midland

Maryland

13. NAME

Joseph Goldrich

14. BIRTHPLACE (city or town)

(State or country)

Midland

Maryland

15. MAIDEN NAME

Fannie Song

16. BIRTHPLACE (city or town)

(State or country)

Winchester

Maryland

17. INFORMANT

Hospital Records

(Address)

Sykesville, Md.

Sykesville, Md.

Place

Date, July 8, 1936

18. BURIAL, CREMATION, OR REMOVAL

Gravesburg Md.

Place

Date

19. UNDERTAKER

Joe & Son, Inc.

(Address)

Gravesburg Md.

Sykesville, Md.

Place

Date

20. FILED

July 6, 1936

Date

Harry K. Lee

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)b
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 11, 1936, to July 6, 1936; death is said

I last saw her alive on July 6, 1936; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Peritonitis

Pelvic inflammatory disease; meaning—

Pelvic disease following an abortion

Duration: July 21st, 1935 to July 6th, 1936

Other Contributory Causes of importance:

Pelvic inflammatory Disease

Ovarian Cyst-Tecal Fistula

Name of operation: Exploratory laparotomy Date of: 6-20-36

What test confirmed diagnosis: Clinical operating Was there an autopsy: Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. Virginia Beyer

(Address) Sykesville, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	Aug 8 1920	1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7188

1. PLACE OF DEATH

County CarrollVillage or City Union BridgeRegistration Dist. No. 81St. 8 Ward 1

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Howard E. Davis Jr.

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____Single

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Month

Days

If LESS than
1 day, _____ hrs.
or _____ min.July 26 - 1936

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Union Bridge - Md.
(State or country)13. NAME Howard E. Davis
14. BIRTHPLACE (city or town) Union Bridge
(State or country) Maryland15. MAIDEN NAME Estrelle E. Curry
16. BIRTHPLACE (city or town) Union Bridge
(State or country) Maryland17. INFORMANT Howard E. Davis
(Address) Union Bridge - Md.18. BURIAL, CREMATION, OR REMOVAL
Place met. joy Date July 27, 193619. UNDERTAKER D. Hartley & Sons
(Address) Union Bridge Maryland20. FILED July 27, 1936 Levi S. Phelps
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7 26, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19_____, to 19_____,

I last saw him alive on _____, 19_____, death is said

to have occurred on the date stated above, at _____ a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Stillborn

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____.
Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. J. Pegg(Address) Union Bridge Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	RECEIVED
Cerebral hemorrhage	1915
	1921
	July 5, 1927
Other contributory causes of importance:	AUG 4 1930
Gallstones	REBAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Carroll*Village or City *Sykesville*

Length of residence in city or town where death occurred

15 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No.

No. *Springfield State Hospital*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No.

1940 Edmundson Ave. Ward.

If U. S. Veteran, specify WAR

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 6, 1864

7. AGE

Years
*69*Months
*10*Days
*29*If LESS than
1 day, ____ hrs.
or ____ min.*House*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Calvert County -
Maryland*

MOTHER FATHER

13. NAME

*James Darssey*14. BIRTHPLACE (city or town)
(State or country)*Calvert County -
Maryland*

15. MAIDEN NAME

*Barbara Bulkmaster*16. BIRTHPLACE (city or town)
(State or country)*Calvert County -
Maryland*

17. INFORMANT

Hospital Records

(Address)

Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place *Lorraine Cem* Date *July 7, 1936*

19. UNDERTAKER

(Address) *Wm. J. Taylor & Sons**North & Penn Ave*

20. FILED

Date *July 4, 1936* At *Harry Steer*

Registrar.

(97)

7189

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*July**4th**, 1936*22. I HEREBY CERTIFY That I attended deceased from
*March 20, 1922, to July 4, 1936*I last saw him alive on *July 4, 1936*; death is said
to have occurred on the date stated above, at *5 P.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*General Arteriosclerosis**Date of onset
1921*

Other Contributory Causes of importance:

Ischaemical Melancholia 1921

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. J. Steer* M. D.(Address) *Sykesville, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7190

1. PLACE OF DEATH

County Carroll
Village or City near Taneytown

(131)

Registration Dist. No. 70

Length of residence in city or town where death occurred

8 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

James B. Egler

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEmma J. Egler

6. DATE OF BIRTH (month, day, and year)

Dec 13 1856

7. AGE

Years 79Months 6Days 22If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Retired9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Ind

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town)
(State or country)Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country)Unknown17. INFORMANT Edmund Crawford(Address) Taneytown Ind

18. BURIAL, CREMATION, OR REMOVAL

Place mt Olivet FrederickDate July 8, 193619. UNDERTAKER Edmund Crawford(Address) Taneytown Ind20. FILED July 7, 1936Date July 7, 1936

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(131)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

St. Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)5
(Day)1936
(Year)

22. I HEREBY CERTIFY. That deceased from

July 1936 to July 5, 1936, death is said

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Unknown

Date of onset

Other Contributory Causes of importance:

Effestencence
Cardio vascular 5 yrsName of operation none Date of 1936What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Thomas A. Martin M. D.
State Registrar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
	AUG 4 1930	July 5, 1927
Other contributory causes of importance:	WIREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7191

1. PLACE OF DEATH

County Carroll

Village or City Sykesville

Length of residence in city or town where death occurred

31 yrs. 10 mos. 15 ds. How long in U. S. or of foreign birth? yrs. mos. ds.

92-a

Registration Dist. No. 74

No. Springfield State Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Sophie Fields

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St.

Ward.

Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6a. If married, widowed or divorced

HUSBAND or
(or) WIFE of

John Fields

6. DATE OF BIRTH (month, day, year)

1863

7. AGE

73

Years

Months

Days

It LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

Date of death

1931

MOTHER FATHER

13. NAME

John Jackson

14. BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

1932

15. MARIOON NAME

Susan Mills

16. BIRTHPLACE (city or town)

Cambridge

(State or country)

Maryland

1927

17. INFORMANT

Hospital Record

(Address)

Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Cemetery

(Place)

July 18, 1936

19. UNDERTAKER

William Cook

(Address)

Baltimore Md

20. FILED

July 15, 1936

(Name)

HARRY STEIN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)15th
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 8th, 1930, to July 15th, 1936

I last saw her alive on July 15th, 1936, death is said

to have occurred on the date stated above, at Sykesville.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Occlusive Endocarditis Date of death

1931

Other Contributory Causes of importance:

General Arteriosclerosis

1932

Chronic Cholecystitis

1927

Name of operation _____ Date of _____

What last confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. H. Rees M. D.

(Address) Sykesville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthénia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

1915

1921

July 5, 1922

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

1 week ago

3 days ago

Attack of epilepsy

Ran over by street car

Peritonitis

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7192

Maryland Tuberculosis Sanatorium

Colored Branch (23)

Registration Dist. No. 74

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

No. (above)

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 2 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Friend

If U. S. Veteran, specify WAR --None

(a) Residence: No. Cambridge, Dorchester Co. St. Md. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female Colored

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

March 26, 1919

7. AGE

Years
17Months
3Deys
6If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Student

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

At Home

10. Date deceased last worked at
this occupation (month and
year)

Unknown

11. Total time (years)
spent in this
occupation
Unknown

12. BIRTHPLACE (city or town)

(State or country)

Federalsburg

Maryland

MOTHER

FATHER

13. NAME

Oscar Friend

14. BIRTHPLACE (city or town)

(State or country)

Chester

Maryland

15. MAIDEN NAME

Rida Shell

16. BIRTHPLACE (city or town)

(State or country)

Whaleyville

Maryland

17. INFORMANT John E. O'Neill, M. D.

(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg Md. Date 7/5/36

19. UNDERTAKER

(Address)

20. FILED 7/2/36

, 19

Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 2, 1936

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
Apr., 24, 1936, to July 2, 1936I last saw her alive on July 2, 1936, 1936; death is said
to have occurred on the date stated above, at 4.30 P. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Date of onset

Dec.
1935

Other Contributory Causes of importance:

Name of operation --- Date of

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John E. O'Neill, M. D.

(Address) Henryton, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7193

1. PLACE OF DEATH

County

Carroll

(131)

Registration Dist. No.

16

Village or City

Westminster

Willis

St.

Ward

Length of residence in city or town where death occurred

yrs.

1

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Martha Gertrude Gosnell

(a) Residence: No.

Willis

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

White

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 26, 1866

7. AGE

69

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. at home9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

James L. Gosnell

Date of onset

14. BIRTHPLACE (city or town)

(State or country)

Maryland

6:25:36

15. MAIDEN NAME

Adelaide Gosnell

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Frank Gosnell
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date July 3, 1936

19. UNDERTAKER

(Address)

J. Francis Reese
Westminster, Md.

20. FILED

7/1, 1936

L. C. Warkwod

Registrar

M. D.

(Address) 1638 Parkside, Baltimore

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	RECEIVED		July 5, 1927
	AUG 5 1927		
Other contributory causes of importance:	BUREAU V. S.		
Gallstones			May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County CarrollVillage or City Sykesville,

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Green(a) Residence: No. 218 W. 5th St.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward. Fredrick Maryland.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMahlon Green6. DATE OF BIRTH (month, day, and year) Apr. 12, 1854

7. AGE 82	Years	Months 2	Days 29	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
---	------------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
--	--

10. Date deceased last worked at this occupation (month and year)	July 21, 1935	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) Fredrick Co. Md.
(State or country)13. NAME Joseph Hoffman
FATHER14. BIRTHPLACE (city or town) Fredrick Co. Md.
(State or country)15. MAIDEN NAME Mary Ann Gladhill
MOTHER16. BIRTHPLACE (city or town) Fredrick Co. Md.
(State or country)17. INFORMANT Martin L. Green
(Address) Fredrick Md.18. BURIAL, CREMATION, OR REMOVAL
Charles Hill, Md. Date July 15, 1936

Place

19. UNDERTAKER Gladhill Co.
(Address) Middleton, Md.20. FILED July 11, 1936 Stanley Green

Registrar.

10

7195

Registration Dist. No. 74No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

If U. S. Veteran, specify WAR

St. Ward. Fredrick Maryland.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July111936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1935, to July 11, 1936.I last saw her alive on July 11, 1936; death is said to have occurred on the date stated above, at 12 noon.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar Pneumonia

July 6 1936

Date of death

Other Contributory Causes of importance:

Arteriosclerosis with
Cardiac decompensation

Name of operator

Date of

What test confirmed diagnosis? X-rayWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Virginia Beyer

M. D.

(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7196

1. PLACE OF DEATH

County Carroll 200m
Village or City or ManchesterRegistration Dist. No. 71

St. _____ Ward _____

Length of residence in city or town where death occurred 43 yrs. 1 mos. 11 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos.2. FULL NAME Addie May Hanson(a) Residence: No. Manchester Rd. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofGuy L. Hanson6. DATE OF BIRTH (month, day, and year) June 12 1893

7. AGE <u>43</u>	Years	Months <u>1</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House Wife</u>
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) <u>July 1936</u>
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manchester Md
(State or country) Maryland13. NAME J. Daniel Dienst14. BIRTHPLACE (city or town) Maryland
(State or country) Maryland15. MAIDEN NAME Sarah E Nagle16. BIRTHPLACE (city or town) Maryland
(State or country) Maryland17. INFORMANT Guy L. Hanson
(Address) Manchester Md18. BURIAL, CREMATION, OR REMOVAL
Place Manchester Md Date 7-26 193619. UNDERTAKER Jacob Winkles Sons
(Address) Manchester Md20. FILED 7/26/1936 Belwood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 7/23/36, 1936; death is said to have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fraction of spine
Vertebral Fracture Date of onset
7/23/36

Other Contributory Causes of Importance:

Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury 7/23 1936Where did injury occur? Or Manchester, Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Auto accident
Nature of injury Fraction of spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) J. Winkles Sons M. D.
(Address) Manchester Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	
Chronic interstitial nephritis	AUG 5 1896
Cerebral hemorrhage	

PAUL V. S.	

Other contributory causes of importance:

Gallstones	
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
1915	Attack of epilepsy
1921	Run over by street car
July 5, 1927	Peritonitis

Other contributory causes of importance:

Gastroenteritis	
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7197

Maryland Tuberculosis Sanatorium

Colored Branch

Registration Dist. No. 74

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

No.

(above)

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 5 mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Louise Harris

(a) Residence: No. 3301 Tate St., Balto., Md.

If U. S. Veteran, specify WAR—None

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

Colored

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug., 16, 1909

7. AGE Years Months Days If LESS than
26 11 12 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Domestic9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Unknown10. Date deceased last worked at
this occupation (month and
year) Unknown 11. Total time (years)
spent in this
occupation Unknown12. BIRTHPLACE (city or town)
(State or country) Salisbury
North Carolina

13. NAME Thomas Harris

14. BIRTHPLACE (city or town)
(State or country) Salisbury
North Carolina

15. MAIDEN NAME Augusta Smarr

16. BIRTHPLACE (city or town)
(State or country) Yorkville
South Carolina

17. INFORMANT John E. O'Neill, M. D.

(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Hogan W. Va Date July 30, 1936

19. UNDERTAKER James A. Hayes
(Address) 142 West Street20. FILED 7/28/36, 19 John O'Neill
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 28, 1936

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
Jan. 31, 1936, 19 to July 28, 1936I last saw her alive on July 28, 1936, 19; death is said
to have occurred on the date stated above, at 6:30 P. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis

Date of onset

July

1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John E. O'Neill, M. D.

(Address) Henryton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7198

1. PLACE OF DEATH

County

Carroll

Registration Dist. No.

Village or City

Taney Town Md

70

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME *none - 3 month dead fetus Hilterbruck*

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

f

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

3 month dead fetus

5a. If married, widowed, or divorced

HUSBAND of
(or WIFE of

decomposed

6. DATE OF BIRTH (month, day, and year)

July 5th 1936

7. AGE

0

Years

0

Months

0

Days

0

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Taney Town Md

MOTHER FATHER

13. NAME *mother refused to tell*14. BIRTHPLACE (city or town)
(State or country)

Refused to tell

Date of

What test confirmed diagnosis?

Was there an autopsy?

15. MAIDEN NAME *Iva May Hilterbruck*16. BIRTHPLACE (city or town)
(State or country)

Taney Town Md

17. INFORMANT *Iva May Hilterbruck*
(Address)

Taney Town Md

18. BURIAL, CREMATION, OR REMOVAL

Place *Lot at Home* Date *July 6th 1936*

decomposed dead fetus. 3 mo Pregn.

19. UNDERTAKER *none*
(Address)20. FILED *July 6, 1936 Ethel M. Mehling*
Local Registrar

21. DATE OF DEATH

July
(Month)5/11
(Day)

193

6
(Year)

22. I HEREBY CERTIFY. That I attended deceased

on *July 6th 1936* decomposed dead fetusI last saw him *on* decomposed dead fetusto have occurred on the date stated above, at *7 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

decomposed dead fetus
born at 7 A.M. when
I was called for the 1st
time to see her mother.
One of the causes of importance
is sudden
city hospital at 10 P.M.
inmediately after birth
of fetus.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M.D.

(Signed)

G. M. Bemmer

M. D.

(Address) *Taney Town Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVE	Date of onset
Arteriosclerosis	AUG 4 1923	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7199

1. PLACE OF DEATH

County Carroll

82-2

Registration Dist. No. 70Village or City Laneystown Dist.St. WardLength of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence No. John Henry HilterbrickSt. Ward

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Dorothy (Snyder) Hilterbrick
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)	<u>July 18, 1860</u>		
7. AGE	Years <u>75</u>	Months <u>11</u>	Days <u>16</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Tanning</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u></u>		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)	<u>Carroll Co. 2nd</u>		
---	------------------------	--	--

13. NAME <u>George Hilterbrick</u>			
14. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>		

15. MAIDEN NAME <u>Margaret Nehring</u>			
16. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>		

17. INFORMANT <u>Walter Hilterbrick</u> (Address)	<u>Laneystown, Md.</u>		
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Lutheran Cemetery</u>	Date <u>July 6, 1936</u>
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19. UNDERTAKER <u>J. J. Little & Son</u> (Address)	<u>Lutherton, PA. P. O. 15</u>
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20. FILED <u>July 5, 1936</u>	<u>Mary B. Wilk</u>
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<u>Deputy Registrar</u>	
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 4
(Month) 1936 (Year)22. I HEREBY CERTIFY. That I attended deceased from June 26, 1936, to July 3, 1936.I last saw him alive on July 3rd, 1936; death is said to have occurred on the date stated above, at 8:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhageDate of onset
6/23/36

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? T. hemiplegia Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Organic J. E. Blaet M.D.(Address) Somehwere

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	AUG 4 1930	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7200

1. PLACE OF DEATH

County Carroll

Village or City Sykesville

Length of residence in city or town where death occurred

7 yrs. 2 mos.

16 ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 742

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of (uckerow)

Hoppe

6. DATE OF BIRTH (month, day, and year)

Jan. 10, 1871

7. AGE

Years 65

Months 6

Days 10

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Hagerstown Maryland

MOTHER

FATHER

13. NAME Eugene Sawyer

14. BIRTHPLACE (city or town)
(State or country)

Hagerstown Ireland

15. MAIDEN NAME Catherine Sullivan

Sullivan

16. BIRTHPLACE (city or town)
(State or country)

Sykesville Ireland

17. INFORMANT

Hospital Records

(Address)

Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date July 23, 1936

(Address)

19. UNDERTAKER

C. M. Sutler

(Address) Hagerstown Md

20. FILED

July 28, 1936

(Address) Hagerstown Md

Registrar.

7200

Registration Dist. No. 742

No. Spring Hill State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

St.

Ward.

Hagerstown Md

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

20th

1936

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 2, 1936, to July 20, 1936

last saw her alive on July 20, 1936; death is said to have occurred on the date stated above, at 3 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Pneumonia 1936

Other Contributory Causes of Importance:

Influenza 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature)

M. D.

(Address) Hagerstown Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 8 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	DUPEAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7201

1. PLACE OF DEATH

County CarrollVillage or City Bachmans Valley

167

Registration Dist. No. 76St. Ward Length of residence in city or town where death occurred 63 yrs. mos. 23 ds. How long in U. S. if of foreign birth? yrs. mos.2. FULL NAME William D. Leese(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
married5a. If married, widowed, or divorced.
HUSBAND of (or) WIFE of Cecelia F. Leese6. DATE OF BIRTH (month, day, and year) June 5 - 18717. AGE 65 Years Months Days 23 If LESS than
1 day, hrs. min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Tanner, Dunt Farm9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. 10. Date deceased last worked at
this occupation (month and year) 193411. Total time (years)
spent in this
occupation 3012. BIRTHPLACE (city or town)
(State or country) Md.13. NAME William Leese14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Carolina King16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Mrs. Cecelia Leese
(Address) Westminster Md. Q.E.D.18. BURIAL, CREMATION, OR REMOVAL
Place Bachmans Cemetery Date July 31, 193619. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.20. FILED 7/29/36 At Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 28

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 23, 1935 to July 28, 1936I last saw him dead July 28, 1936; death is said
to have occurred on the date stated above, at 11:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Shot gun wound (Pneumonia)
Left Chest Over
Cardiac area

Date of onset

Other Contributory Causes of Importance:

Carcinoma
Descending Colon 1935Name of operation Colostomy Date of April 23, 1935What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury July 28, 1936Where did injury occur? Westminster Carroll Co. Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. REOManner of injury Shot him self in the headNature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) W. Glenn Speicher M. D.
(Address) Westminster Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1920	July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7202

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Carroll

Village or City

Hampstead No.

96

Registration Dist. No.

77

St., Ward

Length of residence in city or town where death occurred

61 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Emma L. Leister

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)

Widow

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John W. Leister

6. DATE OF BIRTH (month, day, and year)

June 19-1878

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

6/6/36

11. Total time (years)
spent in this
occupation

Drap.

own home

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME

Michael S. Leister

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Maudelle E. Horner

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Michael S. Leister

Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Hampstead Md

July 10-36

19. UNDERTAKER

(Address)

Edward J. Horner

Hampstead Md

20. FILED

Date

July 8, 1936

John S. Hughes Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

7

1936

22. I HEREBY CERTIFY

That I attended deceased from

January, 1936, to July, 1936

I last saw her alive on July, 7, 1936; death is said
to have occurred on the date stated above, at 11:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Ascension of Aorta
(asconing area)

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

X-Ray Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Maurie C. Partefeld, M. D.

(Address) 5 Hampstead, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

AUG 9 1958
LEAVENWELL, S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7203

1. PLACE OF DEATH

County Carroll

82-2

Registration Dist. No.

74

Village or City Sykesville

No. Springfield State Hos. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

one hour in hospital

If U. S. Veteran, specify WAR

2. FULL NAME Alida L. Magers

(a) Residence: No. 2143 W. North Ave.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Harry B. Magers

6. DATE OF BIRTH (month, day, and year)

August 11, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	11	2	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)17166th STATE OF NEW
England YORK

13. NAME William Henry Kenning

14. BIRTHPLACE (city or town)
(State or country)Unknown
England

15. MAIDEN NAME Eliza E. Cowlin

16. BIRTHPLACE (city or town)
(State or country)Unknown
England17. INFORMANT David C. Kenning
(Address)

Newark, Delaware

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 16, 1936

19. UNDERTAKER

(Address)

John J. Tucker & Sons

20. FILED

(Address)

July 13, 1936 At Harry Magers

21. DATE OF DEATH

July (Month) 13 (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 13, 1936, to July 13, 1936

I last saw her alive on July 13, 1936; death is said to have occurred on the date stated above, at 12:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Embolism

Oats of onomatopoeia

7-13-36

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Virginia Beers M. D.

(Address) Sykesville, Md.

(OVER)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1923

Cerebral hemorrhage

July 5, 1923

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This woman called at the hospital and while conversing with friends had cerebral accident which resulted in death about one hour later.

Correction of year of birth and age of deceased, also birthplace of deceased authorized July 17 1936 by letter filed under Dr. M.V. Beyer, attending

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County CapitolVillage or City Greenmount

108

Registration Dist. No. 77

7204

Length of residence in city or town where death occurred 5 yrs. — mos. — ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward. _____

St. _____ Ward. _____

yrs. — mos. — ds.

2. FULL NAME Caleb Leslie Martin

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or wife)Julia Albion Martin6. DATE OF BIRTH (month, day, and year) Oct 26-18977. AGE Years 38 Months 8 Days 19 If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Laborer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Day10. Date deceased last worked at
this occupation (month and
year) unknown11. Total time (years)
spent in this
occupation 1512. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Luther E Martin14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Sarah E Baubley16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Caleb Leslie Martin
(Address) Greenmount Md

18. BURIAL, CREMATION, OR REMOVAL

Place Foreston, Md Date July 18, 193619. UNDERTAKER Edwin Gipton
(Address) Hammond, Md20. FILED July 16, 1936 John S. Hughes Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 15(Month) July (Day) 15 (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1936, to July 15, 1936I last saw him alive on July 15, 1936; death is said
to have occurred on the date stated above, at 6:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

7-14-31

New state Greenmount:
Disease pernicious anemia.
Duration: four days.

Other Contributory Causes of importance:

arterial insufficiency

Date of

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed)

A. W. France

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 3 1936
Chronic interstitial nephritis	
Cerebral hemorrhage	

BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7205

1. PLACE OF DEATH

County CarrollVillage or City Lykensville

Length of residence in city or town where death occurred

2 yrs. 4 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

82-2

Registration Dist. No.

74-

No. Springfield State Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. LykensWard. WardIf permanent give city or town and State Lykens, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOliver W. Martin

6. DATE OF BIRTH (month, day, and year)

OCT. 28, 1868

7. AGE Years 67 Months 8 Days 6 If LESS than
1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Unknown
Maryland13. NAME John H. Armentast14. BIRTHPLACE (city or town)
(State or country)Unknown
Maryland15. MAIDEN NAME Martha Lewis16. BIRTHPLACE (city or town)
(State or country)Unknown
Maryland17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Md. Date July 3, 193619. UNDERTAKER Edw. G. Crighton
(Address) Lykensville Md.20. FILED July 1, 1936 Harry Lee
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 1, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 16, 1936, to July 1, 1936

I last saw her alive on July 1, 1936, death is said to have occurred on the date stated above, at 11:54 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

6-28-36

Other Contributory Causes of importance:

General Detoxication 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. M. Rees M. D.
(Address) Lykensville Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
AUG 6 1928	
RECEIVED FIREAU V. S.	
Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7206

1. PLACE OF DEATH

County Carroll

Village or City Westminster

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

93-C

Registration Dist. No.

76

No. College Hill St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Edwin M. Mellor, Jr.

(a) Residence: No. College Hill St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
-------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of
Margaret Mellor

6. DATE OF BIRTH (month, day, and year) June 7, 1882

7. AGE 54	Years 1	Months 14	Days 14	If LESS than 1 day, _____ hrs. or _____ min.
-----------	---------	-----------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk of Circuit Court of Carroll County
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Carroll County
10. Date deceased last worked at this occupation (month and year) 7-19-36

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edwin M. Mellor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary W. Lemen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. E. M. Mellor, Jr.
(Address) Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cemetery Date July 23, 1936

19. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.20. FILED 7/23/36 G. Woodrow
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 21, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-19-36, 19, to 7-21-36, 19.

I last saw him alive on 7-21-36, 19; death is said to have occurred on the date stated above, at 10:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Pulmonary Edema 7-21
Nephrosis 1936
Chronic Myocarditis 1936
Acute cardiac dilatation 7-21

Other Contributory Causes of Importance:

Chronic cholecystitis 1930

Name of operation _____ Date of _____

What test confirmed diagnosis? Cl. Symptoms Was there an autopsy? Abd.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19_____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. R. Foutz M. D.

(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 5 1926	1921

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7207

1. PLACE OF DEATH

County CarrollVillage or City Mr. Snyderburg

157

Registration Dist. No. 75St. Ward Length of residence in city or town where death occurred 1 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. 0 How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Rosalie Mae Miller(a) Residence: No. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
----------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) July 19, 19367. AGE 1 Years 0 Months 0 Days 0 If LESS than
1 day, 18 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u></u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Leon Miller14. BIRTHPLACE (city or town)
(State or country) Md15. MAIDEN NAME Ella Albau16. BIRTHPLACE (city or town)
(State or country) Md17. INFORMANT Leon Miller
(Address) 28 Campstead, Md18. BURIAL, CREMATION, OR REMOVAL
Place Bluebono, Md Date July 21, 193619. UNDERTAKER Edw. J. Nipton
(Address) 28 Campstead, Md20. FILED July 20, 1936 Mrs. M. R. S. Denner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 20

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 19, 1936 to July 20, 1936I last saw h. m. alive on July 19, 1936; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity 6 months

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) William R. S. Denner M. D.
(Address) Manchester, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	
The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Aug 5 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<i>(BUREAU V. S.)</i>	

Example II	
The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7208

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium

County Carroll

Colored Branch

Registration Dist. No. 74

Village or City Henryton, Maryland

St. Ward

Length of residence in city or town where death occurred 0 yrs. 4 mos. 6 ds. How long in U.S. If of foreign birth? XXXX mos. ds.

2. FULL NAME Hazel Lorraine Muse

(a) Residence: No. 619 N. Carey Street, Baltimore, Maryland.

If U. S. Veteran, specify WAR None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	--------------------------	---

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Henry Muse

6. DATE OF BIRTH (month, day, and year) May 9, 1906

7. AGE 30	Years 2	Months 22	Days 22	If LESS than 1 day, _____ hrs. or XXXX
-----------	---------	-----------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-----
10. Data deceased last worked at this occupation (month and year) Unknown	11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town)
(State or country) Sparrows Point, Maryland

13. NAME William Holmes

14. BIRTHPLACE (city or town)
(State or country) Essex, Virginia

15. MAIDEN NAME Hyciantha Gunther

16. BIRTHPLACE (city or town)
(State or country) Essex, Virginia17. INFORMANT John E. O'Neill, M. D.,
(Address) Henryton, Maryland.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date 8-30 193619. UNDERTAKER Edward B. O'Neill
(Address) 1647 Old Georgetown Rd.20. FILED 8/1/36
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 31, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from March 25, 1936, to July 31, 1936.

I last saw her alive on July 31, 1936; death is said to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset
Jan

1936

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed)

John E. O'Neill M. D.
(Address) Henryton, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	Aug 6 1926	1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7205

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll 82-2
Village or City Westminster

Registration Dist. No. 76St. Ward Length of residence in city or town where death occurred 9 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Alicia Minerva Nicodemus(a) Residence: No. 50 Bond St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofHenry C. Nicodemus6. DATE OF BIRTH (month, day, and year) Feb. 12 - 1860

7. AGE	Years <u>76</u>	Months <u>5</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Fred. Co. Md.

MOTHER FATHER

13. NAME William Warner14. BIRTHPLACE (city or town)
(State or country)Md.15. MAIDEN NAME Mary Buckingham16. BIRTHPLACE (city or town)
(State or country)Md.

17. INFORMANT

(Address)

Ray Luee
50 Bond St. Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date July 26, 1936

19. UNDERTAKER

(Address)

H. Barkard & Son
Westminster, Md.

20. FILED

(Address)

7/27/36 Alicia Nicodemus
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23rd, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1934, to July 23rd, 1936I last saw deceased alive on July 22nd, 1936; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral ThrombosisDate of onset
July 18, 1936

Other Contributory Causes of importance:

arteriosclerosisDate of onset
July 18, 1936Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. L. Billingsley M. D.
(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1938	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7210

1. PLACE OF DEATH

County Carroll outside 93-C
Village or City Westminster

Registration Dist. No. 76

No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME George Washington Phillips(a) Residence: No. 941 Liberty

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)married6a. If married, widowed, or divorced
HUSBAND of _____Annie Barnes Phillips

6. DATE OF BIRTH (month, day, and year)

July - 9 - 1859

7. AGE	Years <u>76</u>	Months <u>11</u>	Days <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Farmer Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)

(State or country) Md.

13. NAME

Jesse W. Phillips

14. BIRTHPLACE (city or town)

(State or country) Md.

15. MAIDEN NAME

Mary Holmes

16. BIRTHPLACE (city or town)

(State or country) Md.

17. INFIRMARY

(Address) 941 Liberty St. Westminster

18. BURIAL, CREMATION, OR REMOVAL

Place Seapark Cem. Date July 8, 1936

19. UNDERTAKER

(Address) J. B. Beard & Son

20. FILED

(Address) 7/7/36 Allwood

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 4 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 1, 1934, to July 4, 1936.I last saw him alive on July 2, 1936; death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditisDate of onset
3 years

Other Contributory Causes of importance:

Cardio arteritis10 yrsName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. B. Bellingham M. D.(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis BUREAU V. S.
Chronic interstitial nephritis
Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

RECEIVED
AUG 5 1928
BUREAU V. S.
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7211

1. PLACE OF DEATH

County Carroll

Maryland Tuberculosis Sanatorium

Colored Branch 23

Registration Dist. No. 74

Village or City Henryton, Maryland

No. (above)

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 4 mos. 3 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Price

(a) Residence: No. Snow Hill, Worcester Co., Md. Ward.

If U. S. Veteran specify WAR --- None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug., 15, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	36	11	4	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Unknown

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

Unknown

12. BIRTHPLACE (city or town)
(State or country) Snow Hill
Maryland

13. NAME George Price

14. BIRTHPLACE (city or town)
(State or country) Snow Hill
Maryland

15. MAIDEN NAME Lindy DeLaws

16. BIRTHPLACE (city or town)
(State or country) Snow Hill
Maryland17. INFORMANT John E. O'Neill, M. D.
(Address) Henryton, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Date July 21, 193619. UNDERTAKER
(Address) Hattie Price20. FILED 7/19/36, 1936
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 19, 1936

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from Mar., 16, 1936, to July 19, 1936. I last saw her alive on July 19, 1936. death is said to have occurred on the date stated above, at 12.30 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1932

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address) Hattie Price, M. D.
Henryton, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7212

1. PLACE OF DEATH

County CarrollVillage or City Sykesville, Md.Length of residence in city or town where death occurred 0 yrs. 3 mos. 12 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

1862

Registration Dist. No. 74

No. Springfield State Hospital St., Ward

74

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Raymond Pronto(a) Residence: No. 2019 E. Pratt St. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) September - 1896

7. AGE Years <u>40</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Factory Worker</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Tim mill</u>
10. Date deceased last worked at this occupation (month and year) <u>3-10-36</u>	11. Total time (years) spent in this occupation <u>5 yrs.</u>

12. BIRTHPLACE (city or town)
(State or country) Ustikov Russia13. NAME Ustikov Russia14. BIRTHPLACE (city or town)
(State or country) Ustikov Russia15. MAIDEN NAME Ustikov16. BIRTHPLACE (city or town)
(State or country) Ustikov Russia17. INFORMANT Charles Boudeskis
(Address) 2019 E. Pratt Street18. BURIAL, CREMATION, OR REMOVAL
Place 9 Sp. Russian Date July 14, 193619. UNDERTAKER Charles B. Touchgushas
(Address) 637 E. Paca St.20. FILED July 17, 1936 Harry Shee

If U. S. Veteran, specify WAR

St. _____ Ward. _____

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 12, 1936 (Month Day Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 30, 1936, to July 12, 1936. I last saw him alive on July 11, 1936; death is said to have occurred on the date stated above, at 4:07 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

General Paresis

1923

Other Contributory Causes of Importance:

Accidental Traumatism by fall 7-10-36

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-10-1936Where did injury occur? Sykesville, Md. (Carroll Co.)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Springfield State Hospital

Manner of injury Accidental Traumatism by fallNature of injury Fracture ribs - punctured lung

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Charles A. - ad corona(Signed) M. Virginia Beyer M. D.(Address) Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7213

1. PLACE OF DEATH

County CarrollVillage or City SpringfieldLength of residence in city or town where death occurred 38yrs. 0 mos. 0 ds.

93-c

Registration Dist. No. 74

74

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Ballimore

(Usual place of abode)

St. Ballimore

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1875

7. AGE

61

Years

unknown

Months

unknown

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Barber

12. BIRTHPLACE (city or town)

Ballimore

(State or country)

13. NAME

unknown

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Hospital Reised

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date July 8, 1936

19. UNDERTAKER

Springfield Hosp. Crem.

(Address)

20. FILED

July 7, 1936 C. Harry Steer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

7

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

1898, to July 7, 1936, death is said

I last saw him alive on July 7, 1936, death is said

to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Subdural hemorrhage

Data of onset
7/7/36(?)

Cerebral arteriosclerosis; chronic myocarditis with myocardial degeneration

under.

Other Contributory Causes of importance:

Hepatatic pneumonia

6/26/36

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 6 1936	July 5, 1927

RECEIVED
BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7214

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll
Village or City Hampstead

Length of residence in city or town where death occurred 60 yrs.

94a

Registration Dist. No. 77St. WardND. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. — ds. — How long in U.S. if of foreign birth? — yrs. — mos. — ds.2. FULL NAME Soranda J. Richards(a) Residence: No. —

(Usual place of abode)

St. — Ward. —

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)widow5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OFDavid W. Richards

6. DATE OF BIRTH (month, day, and year)

Dec 18-1855

7. AGE

Years 80Months 7Days 1If LESS than
1 day, — hrs.
or — min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER / FATHER

13. NAME Julie Boozer14. BIRTHPLACE (city or town)
(State or country)Maryland15. MAIDEN NAME Catherine Yingling16. BIRTHPLACE (city or town)
(State or country)Maryland17. INFORMANT Mrs. Harry B. Starn(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

Place) Hampstead MdDate July 21/3619. UNDERTAKER Edwin & Wilson(Address) Hampstead Md20. FILED July 21, 1936(Address) John S. Hughes Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7
(Month)19
(Day)1936
(Year)

I HEREBY CERTIFY, That I attended deceased from

I last saw him — alive on —, —; death is said
to have occurred on the date stated above, at 9 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Angina Pectoris

Date of onset

July 21/36

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D W Reas
M. D.
(Address) Hampstead Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	AUG 3 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7215

1. PLACE OF DEATH

County Carroll

Village or City Lawndale near Patapsco

207-m

Registration Dist. No. 26

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank W. Roberts

(a) Residence: No. near Frederick

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

St. Ward

If nonresident give city or town and State

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Jan. 19, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
16	5	12		

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
		laborer
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME John Roberts

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Lindy Hartsock

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Bessie Bair
(Address) Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md. Date July 6, 193619. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.20. FILED 7/3 1936 Greenwood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 1, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 3, 1936, death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of skull
vertebral 7/4/36

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide 7/1/36
Date of injury

Where did injury occur? Lawndale, Md.

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

on 1st

Manner of injury Struck by engine

Nature of injury Fracture of skull horizontal

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Greenwood Local Reg. M. D.

(Signed) Greenwood Local Reg. M. D.

(Address) Westminster

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset	
Chronic interstitial nephritis		1915	
Cerebral hemorrhage	AUG 5 1936	1921	
		July 5, 1927	
	BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:	
		Gastroenteritis	1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7216

1. PLACE OF DEATH

County Carroll
Village or City Taneytown

(121)

Registration Dist. No. 80

Length of residence in city or town where death occurred 3 yrs

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alice A. Roser

(a) Residence: ND.

Medford, Md.
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Husband of

(or) wife of

S. A. Roser

6. DATE OF BIRTH (month, day, and year)

Sept 9, 1860

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

74

10

1

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Housework

12. BIRTHPLACE (city or town)
(State or country)

one

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Date July 13, 1936

19. UNDERTAKER

(Address)

20. FILED

(Date)

(Place)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 10, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY That deceased from

I last saw her alive on July 10, 1936, to July 10, 1936, death is said

to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Myocardial
Failure

Date of onset

date

Other Contributory Causes of importance:

Hypertension
Cardio
Arterial mural disease

Date of

Name of operation more Date of

What test confirmed diagnosis? Chest Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thomas A. Walter, M. D.

(Address)

Taneytown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1916
Cerebral hemorrhage	AUG 4 1926	1921
		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7217

1. PLACE OF DEATH

County CarrollVillage or City Westminster

93-2

Registration Dist. No. 76St. WardLength of residence in city or town where death occurred 20 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Connie M. Rountzohn(a) Residence: No. 207 E. Main

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. - 13 - 18447. AGE 9 Years 6 Months 25 Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Henry Rountzohn14. BIRTHPLACE (city or town)
(State or country) Md15. MAIDEN NAME not known16. BIRTHPLACE (city or town)
(State or country) Md17. INFORMANT Levi Barnes
(Address) 207 E. Main St. Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Meadowbranch Bem. Date July 10, 193619. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.20. FILED 7/30/36 Al. Clowes, D. W.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July, 8th, 193622. I HEREBY CERTIFY. That I attended deceased from about June 1st, 1932, to July 8th, 1936I last saw her alive on July 6th, 1936; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arteritis SalervaisDate of onset
about 15 years ago

Other Contributory Causes of importance:

Chronic rheumatitisName of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. T. Billingslea M. D.
(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	AUG 5 1928	1921
Cerebral hemorrhage	WITNESS	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7218

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Carroll

93-e

Registration Dist. No.

74

Village or City

Lyonsville

No. If death occurred in a hospital or institution, give its NAME instead of street and number

Length of residence in city or town where death occurred

yrs.

mos.

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Samuel H. Ruck

St. Ward

If nonresident give city or town and State

42 Franklin

(usual place of abode)

Hagerstown, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male white married

HUSBAND of (or) WIFE of

Laura Ruck

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFIRMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill cem. Date July 18, 1936

19. UNDERTAKER

(Address)

20. FILED

July 18, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 16, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 13, 1936, to July 16, 1936

I last saw him alive on July 15, 1936, death is said

to have occurred on the date stated above, at 1640 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Gastro-enteritis

Date of onset

?

Other Contributory Causes of Importance:

Chronic Myocarditis

?

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. W. Masterson M. D.

(Address) Hagerstown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

	Other contributory causes of importance:	
Gallstones	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7219

1. PLACE OF DEATH

County CarrollVillage or City Mt. airyLength of residence in city or town where death occurred 29 yrs.

(131)

Registration Dist. No. 87

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? years months days2. FULL NAME Rachel R. Snyder(a) Residence: No. Mt. airy Md. (Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
----------------------	-------------------------------	--

5a. If married, widowed, or divorced
 HUSBAND of late Daniel B. Snyder
 (or) WIFE of

6. DATE OF BIRTH (month, day, end year) June 10, 1848

7. AGE <u>88</u> Years	Months <u>1</u>	Days <u>8</u>	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
------------------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co.
(State or country) Md.13. NAME John H. Haunis.14. BIRTHPLACE (city or town) Md.
(State or country) 15. MAIDEN NAME Eleanor A. Mullinix.16. BIRTHPLACE (city or town) Md.
(State or country) 17. INFORMANT Mrs. D. Snyder
(Address) Mt. airy, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cemetery Date July 20, 193619. UNDERTAKER John M. Helt
(Address) W. Mt. airy, Md.20. FILED July 20, 1936 Mrs. D. Snyder
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July(Month)
(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Jaune 1, 1936 to July 18, 1936 dead death is said to have occurred on the date stated above, at 8:35 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic nephritis duration: three months.
Acute poisoning due to
Complication of disease

Other contributory causes of importance:
General debility
Patient was very feeble; had been bedfast
for two months.

Name of operation Date of
 What test confirmed diagnosis Physical findings Date en autopsy? 260

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) D. M. Van Dooley D. not airy, Md.
 (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED
AUG 6 1936

Other contributory causes of importance: V. S.

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7220

1. PLACE OF DEATH

County

Carroll

15

Registration Dist. No.

77

Village or City

Hampstead Dr. town

St.

Ward

Length of residence in city or town where death occurred

50

yrs.

—

mos.

—

ds.

How long in U. S. If of foreign birth?

—

yrs.

—

mos.

—

ds.

2. FULL NAME

Neddy Sullivan

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Martha Sullivan

6. DATE OF BIRTH (month, day, and year)

76

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

own for

10. Date deceased last worked at
this occupation (month and
year)

1935

11. Total time (years)
spent in this
occupation 4012. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER / FATHER

13. NAME

Josiah Sullivan

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MARIOEN NAME

Ellen Steansbury

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Robt W. Sullivan

(Address)

Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

Placed in casketed in

Date

July 1, 1936

19. UNDERTAKER

Edward Tipton

(Address)

Hampstead, Md

20. FILED

July 1, 1936 John S. Hough

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7

5

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 29th, 1936, to July 6th, 1936

I last saw him alive on July 4th, 1936; death is said
to have occurred on the date stated above, at 12 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Facial erysipelas

Date of onset
6/28/36

Other Contributory Causes of importance:

Enlarged Prostate gland
Leptospirosis, High Blood Pressure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John Peabody M. D.
(Address) Hampstead, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7221

1. PLACE OF DEATH

County Carroll

Village or City Westminster

Registration Dist. No. 76

No. 45

John

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Benjamin Wagner

(a) Residence: No. 45 John St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
-------------	------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Sarah E. Fossett

6. DATE OF BIRTH (month, day, and year) May 12, 1866

7. AGE 70	Years 2	Months 7	Days 7	If LESS than 1 day, _____ hrs. or _____ min.
-----------	---------	----------	--------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	ff. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME George Wagner

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Roy L. Wagner
(Address) Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Winfield, Md. Date July 22, 193619. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.

20. FILED 7/21/1936, Woodrow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 19, 1936, f93 6
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 4th, 1936, to July 19th, 1936.Last saw him alive on July 19th, 1936; death is said to have occurred on the date stated above at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic Valvular Heart Disease
(Mitral Regurgitation) Sudden
years ago

Date of onset

Year

ago

Other Contributory Causes of Importance:

none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Babbitt, M. D.
(Address) Westminster, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1918
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

AUG 5 1927
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7222

Maryland Tuberculosis Sanatorium

Colored Branch 23

Registration Dist. No. 74

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

No. (above)

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 9 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Lavinia Waters

If U. S. Veteran, specify WAR — None

(a) Residence: No. Pocomoke City, Worcester Co., Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	--------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ellwood Waters

6. DATE OF BIRTH (month, day, and year) Sept., 17, 1908

7. AGE Years 27	Months 10	Days 11	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	-----------	---------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home	
10. Date deceased last worked at this occupation (month and year) Unknown	11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town)
(State or country) Pocomoke City
Maryland

13. NAME Isaac Fields

14. BIRTHPLACE (city or town)
(State or country) Pocomoke City
Maryland

15. MARRIED NAME Amanda Hearn

16. BIRTHPLACE (city or town)
(State or country) Pocomoke City
Maryland17. INFORMANT John E. O'Neill, M.D.
(Address) Henryton, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Cottage Grove Cemetery Aug. 1, 1936

19. UNDERTAKER John A. Bradshaw
(Address) Crisfield, Md.20. FILED 7/28/36, 1936
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 28, 1936
(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct., 2, 1935, to July 28, 1936. I last saw her alive on July 28, 1936. death is said to have occurred on the date stated above, at 11.30 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Jan.

1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

John E. O'Neill, M. D.
Henryton, Md.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	AUG 6 1938	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

7223

1. PLACE OF DEATH

County CarrollVillage or City Sykesville

Length of residence in city or town where death occurred

0 yrs. 6 mos. 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

191

Registration Dist. No.

No. Springfield State Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lulu Johnson West(a) Residence: No. 208 W 27th
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Baltimore, Ward. Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 21, 1882

7. AGE

Years 54 Months 2 Days 20 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Parkersley, Virginia

(State or country)

MOTHER

FATHER

13. NAME George West

14. BIRTHPLACE (city or town)

Virginia

(State or country)

15. MAIDEN NAME

Laura Johnson

16. BIRTHPLACE (city or town)

Virginia

(State or country)

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Parkersley Va Date July 16, 1936

19. UNDERTAKER

(Address)

William Clegg

Baltimore Md

20. FILED

Date July 17, 1936 at Hanover New

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 12, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

January 25, 1936, to July 12, 1936.

I last saw her alive on July 12, 1936; death is said
to have occurred on the date stated above at 5:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Excessive heat
(heat stroke)

Date of onset

7/10/36

Other Contributory Causes of Importance:

Epilepsy

since 1898

Name of operation _____

Date of

What test confirmed diagnosis? Clinical laboratory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

C. V. Taylor

M. D.

(Signed) (Address) Springfield State Hospital

Sykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

7224

1. PLACE OF DEATH

County Carroll

932

Registration Dist. No.

74

Village or City Springfield State Hospital

St. Ward

Length of residence in city or town where death occurred yrs. 1 mos. 26 ds. How long in U.S. If of foreign birth? life yrs. mos. ds.2. FULL NAME Mary Frances Wilson(a) Residence: No. 301 Walnut

(Usual place of abode)

if U. S. Veteran, specify WAR

St. Ward. Brunswick Maryland

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Samuel Wilson</u>				
6. DATE OF BIRTH (month, day, end year) <u>Aug 14, 1856</u>				
7. AGE <u>79</u>	Years <u>79</u>	Months <u>11</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Housewife</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Stanton, Virginia</u> (State or country)				
13. NAME <u>Patrick Haggerty</u>				
14. BIRTHPLACE (city or town) <u>Ireland</u> (State or country)				
15. MAIDEN NAME <u>Catherine Scanlon</u>				
16. BIRTHPLACE (city or town) <u>Ireland</u> (State or country)				
17. INFORMANT <u>Daughter</u> (Address) <u>Brunswick Maryland</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Petersville Md</u> Date <u>July 27, 1936</u>				
19. UNDERTAKER <u>C. H. Felt & Son</u> (Address) <u>Brunswick Md</u>				
20. FILED <u>July 25, 1936</u> At <u>Harry Steer</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)25
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 29, 1936, to July 24, 1936; I last saw h. KY alive on July 24, 1936; death is said to have occurred on the date stated above, at 4:30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Chronic Myocarditis
Sensitivity

Date of onset

Other Contributory Causes of Importance:

Name of operation None Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Virginia Beyer M. D.
(Address) Springfield, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

8/26/1923

Chronic interstitial nephritis

1921

Cerebral hemorrhage

5/5/1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN